CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete	e this form.	Filer ID (Ethics Commission Filers)	2 Total pages filed;
3 CANDIDATE/ OFFICEHOLDER NAME		JABILA	MI	OFFICE USE ONLY
		ANSOOR	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUIT	TE #; CITY;	STATE: ZIP CODE	JUL 1 5 2019 Office of City Secretary City of Sugar Land, TX
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE DUCALE M	Mach	EXTENSION	0/2:34 p.m. SHA
6 CAMPAIGN TREASURER NAME	MR- P	AFA Q	J.	Receipt # Amount S Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLE	:ASE); APT / SUITE	: CITY: STATE	7/9 0005
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	MRFR	EXTENSION	
9 ŘEPORT TYPE		Oth day before election	Runoff Exceeded \$500 limit	15th day after campaign freasurer appointment (Officeholder Only) Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day 25 /30 /2		Menth THROUGH 67 / 1	Day Year 5 / 2019
11 ELECTION	## Day Year ## 108 2019	Primary Constant	Flundf	
2 OFFICE	OFFICE HELD (# any)		13 OFFICE SOUGHT (81 KNOWN) SUBAR LAND DISTRICT	D CITY COUNCIL
		GO TO PAG	GE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE SEEN MADE WITHOUT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFURES.	IT THE CAMBIDATE'S OR DESICEUOLDED'S		
Christian and the	COMMITTEE TYPE	COMMITTEE NAME			
0005 2.1 Alia	GENERAL				
or of City September of Sugar Lewis 19		COMMITTEE ADDRESS			
13	John Land	COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages	}				
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION					
TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,850.00				
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL POLITICAL EXPENDITURES \$ 21, 834.46 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,995.92				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,995.92				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT					
ST My C Nota	GAN K TRAN Notary Public TATE OF TEXAS omm. Exp. 12-22-22 by ID # 13006002-0	I swear, or affirm, under penalty of perjury true and correct and includes all informati under Title 15, Election Code. Signature of Candidate	on required to be reported by me		
AFFIX NOTARY STAMP	/SEALABOVE				
Sworn to and subscri	Tulu I/I	o certify which, witness my hand and seal of office.	, this the <u>67/15/1</u> 9_		
\sim	re	Ngan Tren	Notery		
Signature of/difficer ad	ministering oath	Printed name of officer administering oath T	itte of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME				
	20 Filer ID (Ethics Co	ommission Filers)			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,850.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$212834.46			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			
-					

MONE	TARY POLITICAL CON	TRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME	Nabila Mansoor		3 Filer ID (Ethics Commission Filers)
4 Date	l .	state PAC (ID#:)	7 Amount of contribution (\$)
6/19/19	Rish Oberoi 6 Contributor addross: City:	State: Zin Code	\$\$250.00
8 Principal occu	L panorry soo une (see instructions)	9 Employer (See Instruc	tions)
Develo	mpment Director	Ekal Vidya	layor Foundation USA
Date	Full name of contributor out-of-s	tate PAC (ID#:]	Amount of contribution (\$)
6/8/19	Contributor address: Cibo	State: Zin Code	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	late PAC (ID#:)	Amount of contribution (\$)
6/2/19	Contributor address: City	State: Zin Code	#50.00
_	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributorout-of-st	ate PAC (ID#:)	Amount of contribution (\$)
5/3/19	Sohail Noor Contributor address: City:	State: Zin Code	\$250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	
Doct	むて	Memorial	Heimann
	ATT'ACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE	EĐĒD
	If contributor is out-of-state PAC, please se-	e instruction guide for additional r	eporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule At:
Nabila Massoor	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
DWNER, AUTO REPAIR SHOP SELF	caons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City: State: Zip Code	#250.00
Principal occupation / Job title (See Instructions). UNIVERS (TY PROFESSOR UNIV. O	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	lons)
Date Full name of contributor Fatrua Khan Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Veterinaria Suf	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI If contributor is out-of-state PAC, please see instruction guide for additional re	eporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME Nabila Mansoor	3 Filer ID (Ethics Commission Filers)				
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
8 Principal occupation / Job little (See Instructions) 9 Employer (See Instruct Sety.	ions)				
Date Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)				
6/5/19 Shahadat Bhuiyan Contributor address; Cltv: State: Zip Code	\$100				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)				
Date Full name of contributor	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI					

SCHEDULE F1

1		EXPENDITURE CATI	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic Credt Card Payment	By C	event Expenso feas food/Beverage Expensa Sitt/Awarda/Memorials Expense ogal Services	Loan Repa Office Ove Polling Ex Printing Ex	syment/Reimbursement orhead/Rontal Expense pense	Solicitation/Fundralsing Expense Transportation Equipment & Related Expe Travel in District Travel Out Of District Other (enter a category not listed above)	
		The Instruction Guide expla	ins how to c	complete this form.	,	
1 Total pages Schedule F1: Page of 9 4 Date	Nabile 5 Payee name	a Mansoor			3 Filer ID (Ethics Commission File)	rs)
5/30/19	Mad	iha Hanif · 1 ess; City; State;	ntergi	rowth Ge	ative	
6 Amount (\$)	7 Payee addr	ess; City; State;	Zip Code			
#350						
8	G					
PURPOSE OF EXPENDITURE	Consul	ting Expense	_	1	uside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder name		Office sought	Office held	
Date	Payee name					
6/1/19	Omio	1 Amanulla	ih			
Amount (\$)	Payee addre	ss; City; State; Z	ip Code			
\$165						
PURPOSE OF EXPENDITURE		e Categories listed at the top of this s	schedule)		side of Texas. Complete Schedule T. TX, officeholder tiving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate	Officeholder name		Office sought	Office held	
Date	Payee name					=
6/5/19		n Strategies	•			
Amount (\$)	Payee addres	ss: City: State: 7	n Code			
\$3000						
PURPOSE OF EXPENDITURE		Categories listed at the top of this so			ide of Texas, Complete Schedula T. TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate /	Officeholder name		Office sought	Office held	
	ATTAC	H ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED	-
orms provided by Texas Ethic	s Commission	www.ethics	.state.tx.us		Revised 9/8/2	2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Foos Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Page 2 of 9 Nabila Margor 6 Amount (\$) \$500.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 6/6/19 A Media. Payee address; City; State; Zip Code \$200 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Event Expense Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Richmond Printing 6/6/19 Payoe address: City; State; Zip Code \$173.69 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Printing Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE CAT	EGORIES	FOR BOX 6(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credi Card Payment	By ≄al Committee	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memoriats Expense Legal Services	Office Ove Polling Ex Printing Ex Salaries/W	mense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
		The instruction Guide expla	ins how to c	omplete this form.		
Total pages Schedule F1 Full 3 et 9 4 Dass	5 Payee na		estan.	a.t	3 Filer ID (Ethics Commission Filers)	
6 Amount (\$)		7 Payee addross: City: State: Zin Code				
\$300.00		City: Siam	ZID Liede			
8 PURPOSE OF EXPENDITURE	_	(See Categories liated at the top of this	schodule)		titide of Texas. Complete Schedule T. TX, officeholder living expense	
Complete QNLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought	Office held	
Date	Payee nar	ne				
6/8/19	Para	digm Davel	lopne	It Sew:	Clo	
Amount (\$) \$1780.00	Payee add	iress; City; State; Z	îp Code			
PURPOSE OF EXPENDITURE		See Categories listed at the top of this s			de of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought	Office held	
6/8/19	Payee nam	ha Jalali	2			
157.00	Payen edd	Dis Out				
PURPOSE OF EXPENDITURE		See Categories listed at the top of this so	hedule)		o of Texas. Complete Schedule T. C. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office sought	Office held	
	ATTA	CH ADDITIONAL COPIES (THIS SC	HENIII E AR NEEDI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Benking Consulting Expense Contributions/Denations Made By Event Expense Loan Repayment/Reimbursement Office Overhoad/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gitt/Awarda/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide expisins how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name Nicholas Santiago Pavos address: City: State: Zin \$230 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes. Complete Schedule T. PURPOSE Contract Labor Check If Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 6/12/19 Chism Strategies Payee address; City; State; Zip Code \$1500 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Toxas. Complete Schedule T. PURPOSE OF EXPENDITURE Consulty Expenses Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 6/12/19 Karolis City: State: Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, oliticeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

112		EXPENDIT	URE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By cal Committee	Event Expense Fees Food/Beverage Exp Glf/Awards/Memori Legal Services	ense	Loan Repa Office Ove Polling Ex Printing Ex	ayment/Reimbursement irhead/Rental Expense pense	Travel in District	quipment & Related Expense
Gradit Card Payman		The Instruction	Guide explair		omplete this form.	and failes a con	(afforth upr (ristled 900A9)
Total pages Schedule Ft	5 Payee na	AME		9		3 Filer ID (Et	hics Commission Filers)
6/12/19	TEC						
# 506	7 Payee ac		v: State: Z				
PURPOSE OF EXPENDITURE	(a) Category	' (See Calegories listed	at the top of this s	chedule)		utside of Texas. Complet n, TX, officeholder livi	
9 Complete <u>QNLY</u> If direct expenditure to benefit C/Ol	Candida 1	ate / Officeholder n	lame		Office sought		Office held
Date	Payee nar	me					
6/13/19	Adu	enakaet	hi Ak	tuchi	e		
#9 b	Pavee ad	iross Cib	· Stele 71	Code			
PURPOSE OF EXPENDITURE		(See Categories listed a		hedule)		side of Texas. Complete:	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidat	te / Officeholder na	ıme		Office sought		Office held
Date	Payee nan	ne					
6/13/19	Toc	h: De	deiba				
Amount (\$)	Payee add	ress: Cliv:	State: 7in	Code			
#450							
PURPOSE OF EXPENDITURE		see Categories listed at		eduls)		ide of Toxas. Complete S TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder na	ame	1_	Office sought		Office held
	ATTA	CH ADDITIONAL	COPIES O	F THIS SC	HEDULE AS NEED)ED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholdor/Political Committee Local Services Other (enter a category not listed above) **Credit Card Payment** The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name David CREGOTY (See Categories fixted at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check If Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Oluwadamilda Adenote 6/13/19 Payee address; City; State; Zip Code #470 Category (See Calegories listed at the top of this schedule) PURPOSE Check il travel outsido of Texas. Completa Schedule T. OF Contract Labor Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Maharajah Restaurent Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. Food Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expanditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Roimbursement Office Overhead/Rental Expense Accounting/Banking Solicitation/Fundralsing Expense Consulting Expense Contributions/Donations Made By Food/Boverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travol Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nabila Mansoor 5 Payee name 6/12/19 6 Amount (\$) 7 Payee address: State; Zip Code #525.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising Experse Social OF Check if Austin, TX, officeholder living expense EXPENDITURE reimbursement for facebook, Inc. 9 Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Sulman Yourf 6/12/19 Amount (\$) Payee address: City; State; Zip Code \$1700.00 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE reinburdment for Hum Radio Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Sulman Yourf 6/12/19 Amount (\$) Payee address: City; State; Zip Code \$3,866.69 Category (See Categories listed at the top of this schedule) **PURPOSE** __ Check if Iravel outside of Texas. Complete Schedule T. advertising Expense - Mailer Check if Austin, TX, officeholder living expense EXPENDITURE Richmond Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense G1t/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name Sulman Younge 6/12/19 6 Amount (\$) 7 Payee address; State: Zip Code \$2,072.94 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE advertising Expense-Social Check if Austin, TX, officeholder living expense EXPENDITURE ext for tacebook, Inc. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name 6/12/19 Pavee address: City; State; Zip Code \$350.00 Category (See Categories listed at the top of this schedule) Check If travel outside of Texas, Complete Schedule T. PHRPOSE advertising Expense Check If Austin, TX, officeholder fiving expense EXPENDITURE indusement to NGP VAN Inc. Complete ONLY If direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code \$2,250.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF advertising Expense Check if Austin, TX, officeholder living expense

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

barrer

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Craft Card Payment

Event Expense Fees Food/Beverage Expense Citi/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (parts a category and listed above)

Credit Card Payment	The instruction Guide explains how to	wages/Contract Labor Other (onter a category not listed above) complete this form.
1 Total pages Schedule F1 Page 9 d 9 4 Date 6/12/19 6 Amount (\$) 4 484, 19 8 PURPOSE OF EXPENDITURE	2 FILER NAME Nabile Manson 5 Payee name Sulman Honsul 7 Payee address: City: State: Zin Code (a) Category (See Categories listed at the top of this schedule) FECS	(b) Description Check if Lawle outside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Limbursement for
9 Complete ONLY II direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date Amount (\$)	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description Check if travel outside of Toxas. Complete Schedule T. Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zlp Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED